

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 11/07/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/08/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	11	123	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	62	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	188	245	57
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	11	143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		10	58	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	2	356	3592	3158
		7702	56	IPRS DOES NOT ACCEPT ONE OR MO RE OF THE BILLED MODIFIERS PLEASE CORRECT THE MODIFIER IN				
3404912	CATAWBA COUNTYM ENTAL HEALT	79	370	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8931	158	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	158	908	4236	3328
		167	122	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404913	MECKLENBURG COM ENTAL HEALT	11	2737	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	159	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	191	3088	3090	2
		8933	158	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOAL HEAL	8518	104	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		0	0		0	104	104	0
3404917	CENTERPOINT HUM AN SERVICES	11	1109	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		10	328	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	40	2208	5330	3122
		8518	304	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MENTAL HEALTHC	8599	201	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	67	SEVERE DUPLICATE: SAME ATTD PROV/PCODE/TOS/DOS/MOD	73	592	13216	12624
		8534	60	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404920	ALAMANCE CASWELL AREA MH D	8599	1794	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	66	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	6	2052	3681	1629
		8622	52	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404921	ORANGE PERSON CENTER HATHAM AREA	8599	776	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	291	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	2014	5002	2988
		5312	255	PRIOR AUTHORIZED DOLLARS EXCEEDED				
3404922	THE DURHAM CENTER	8329	4731	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
		8599	555	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	5984	13248	7264
		27	336	DIAGNOSIS CODE MISSING OR INVALID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404923	FIVE COUNTY MH	8533	81	SERVICE FACILITY LOCATION CANNOT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
		79	55	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	226	3986	3760
		21	32	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTER FOR MH/DD	8534	1588	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	1436	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	92	5784	10064	4280
		79	1167	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404926	SOUTHEASTERN REGIONAL MENTAL HL	11	2588	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	2243	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	97	5266	8786	3520
		8599	75	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	79	42	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		23	4	SERVICE REQUIRES PRIOR APPROVA L	0	46	58	12
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	8534	482	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		11	108	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	965	17923	16958
		21	88	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	225	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	185	DUPLICATE OF CLAIM-SYSTEM	14	790	6886	6096
		191	97	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	11	157	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	99	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	8	414	485	71
		8535	69	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	8	DUPLICATE OF CLAIM-SYSTEM	2	23	90	67
		8518	4	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404937	EDGEcombe NASH MNTL HLTH C	21	10	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	10	27	17

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404938	VOFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	158	2551	2393
		21	9	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	8518	69	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		23	2	SERVICE REQUIRES PRIOR APPROVA L	0	71	71	0
3404942	ROANOKE CHOWANH UMAN SERVIC	8536	36	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	52	156	1580	1424
		8537	20	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	1234	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	388	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	232	1947	4375	2428
		8931	147	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404944	EASTPOINTE HUMA N SERVICES	11	145	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	143	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	23	479	1179	700
		8518	78	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	166	DUPLICATE OF CLAIM-SYSTEM				
		23	102	SERVICE REQUIRES PRIOR APPROVA L	0	282	574	292
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL HEALTH CTR	8518	470	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	557	1273	716
		8931	17	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	23	228	SERVICE REQUIRES PRIOR APPROVA				
	H/DD/SA PRO			L				
		79	206	THIS SERVICE IS NOT PAYABLE TO	30	551	1100	549
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8537	61	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				